

CHECKLIST FOR:

LAKE COUNTY VARIANCE APPLICATION (LOCAL ZONING DISTRICTS)

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that additional information may be required as the application goes through the review process.

You are welcome to schedule an Informal Project Preview with the Planning Department staff prior to submitting an application. This is a free service to ensure projects go as smoothly as possible from the beginning. We are more than happy to discuss your project and provide feedback!

Submit the checklist, application and fee to:

Lake County Planning DepartmentPhone406.883.7235106 4th Avenue EastFAX406.883.7205Polson MT 59860Emailplanning@lakemt.gov

Please check that you have completed the following:

Check to Lake County Planning Department
Applicant Contact Information
Local Agent/Contractor Contact Information
Project Location/Description
Zoning Conformance Permit Application (typically needed unless no construction or change of land use)
Description of Requested Variance (item #5 on form), including narrative letter
Landowner/Agent Certification and Signature(s)

Typically, the Lake County Board of Adjustment meets on the second Wednesday of each month in the Large Conference Room on the 3rd floor of the Lake County Courthouse. Requests for Board of Adjustment action, including variance applications, must be submitted to the Lake County Planning Department at least twenty-eight (28) days prior to the usual monthly meeting. All application related materials must be submitted prior to the submittal deadline.

See the department webpage for regulations and other information: www.lakecounty-mt.org/planning

VARIANCE APPLICATION

(local zoning districts)

Application number:____

This application must be used for variance requests in the local zoning districts of Lake County. Attach a check payable to the Lake County Planning Department for \$500.00 for the first variance request (include a \$100 fee for each additional variance request) PLUS \$10 per adjoining property to cover the cost of certified mail for notice of public hearing, where applicable. Submit the application materials (2 copies) to the Lake County Planning Department, 106 Fourth Avenue East, Polson, MT, 59860.

Please check $(\ \)$ the box next to each item below to demonstrate completion of the item. If an item is not applicable to your proposal, include N/A next to the box to indicate it is not required.

□ 1.	Applicant Contact Information (must be a landowner with interest in the property, who is authorized to propose and conduct the proposed activities): Name of Applicant: Mailing Address:									
							City	State	7in Code:	Phone #
							Email:			
	□ 2.	Local Agent/Contractor Contact Information* (if applicable):								
		Name of Agent/Contractor:								
Mailing Address:										
				Phone #						
Email:										
	* If more than one agent/contractor is being used, attach a sheet containing the additional information.									
	Property Address:									
	Subdivision COS or Dee	ed Exhibit #_etc ·		Lot: Block:						
				Acres / Square Feet (circle)						
	Tax ID Number:	Geoco	de:							
	Zoning District:		Sub-Unit:							
□ 4.	Zoning Conformance Permit Application:									
	A Variance Application typically must be submitted with a Zoning Conformance Permit Application, unless									
	no construction or change of land use is proposed. Is a Zoning Conformance Permit Application attached?									
	- Yes or No (Circle one)									
	If a Zoning Conformance	Application is not at	ttached, please explain why	y not:						

	a)	What section(s) of the applicable zoning regulations are you requesting relief from?			
	b)	Briefly, what would approval of the requested variance allow?			
	c)	Attach a narrative statement (letter) discussing the following items for the Board of Adjustment to consider when determining if the variance request should be granted: 1. The hardship peculiar to this property; 2. How the request is the minimum necessary to alleviate the existing hardship; 3. The effects of the proposal on neighboring properties and the public, including consideration of the compatibility of the proposal with other properties in the district and the relationship of the proposed use to the intent of the Zoning District.			
		Please also discuss any applicable "standards for evaluation" and/or required findings required by the applicable zoning regulations.			
B kn th C ac ap is co to the ap	y sigr nowle at the ounty ddition pplical sued omme ctions, o the so he prop pplical nember gents	ning this application, I certify that the information being provided is true and correct to the best of my edge and that I am the owner of the property authorized to represent zoning related applications. I understand a permit issued pursuant to these regulations strictly limits activities to authorized plans on file with Lake and to all conditions of approval attached to the permit. Any changes to the proposed construction, including nal construction, would require addition review and approval by Lake County. I further understand that the able activity proposed by this application shall not commence on the proposed project until approval has been by the Lake County Planning Department and/or Board of Adjustment, as applicable. If construction ences prior to issuance of the permit, the applicant and the designated agents may be liable for fines, corrective and/or after-the-fact permitting fees. Furthermore, I am familiar with the current zoning regulations that apply subject property. By completing and signing this application form, I certify that all work required to complete posed development will be done in compliance with the requirements of the zoning regulations, as well as all able regulations of Lake County and the State of Montana. Furthermore, I hereby grant permission to the test of the Lake County Planning Department staff, the Lake County Board of Adjustment, or their designated to enter onto the subject property for the purposes of evaluating this application and any construction of cation of the site that will occur as a result of this application.			

 $See \ following \ page \ for \ additional \ information.$

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Contact:
Lake County Planning Department
106 Fourth Avenue East
Polson, MT 59860

Phone: 406-883-7235 Fax: 406-883-7205 Email: planning@lakemt.gov

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